Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)

SFUND RECORDS CTR

999000772

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 ANGELES Phone: (213) 321-1392 Pick Up: 1-25- 50 Time: P.O. or Contract No. A O. C. Date: 1-25-80 Order Placed By: State Liquid Waste Hauler's Registration No. (if applicable): Job No.: 11066 No. of Loads or Trips: _____ Unit No. _ Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling -wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 11. Contaminated soil and sand 1. Acid solution 6. Tetraethyl lead sludge SIGNATURE OF AUTHORIZED AGENT AND TITLE 2. Alkaline solution 12. Cannery waste 7. Chemical toilet wastes DISPOSER OF WASTE (Must be filled by disposer) 13. Latex waste 3. Pesticides 8. Tank bottom sediment 14. Mud and water 4. Paint sludge Name (print or type): CODE NO. 5. Solvent 10. Drilling mud 15. D Brine Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and CODE NO local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: Quantity measured at site (if applicable): ______ State fee (if any): phenolics, solvents (list), metals (list), Lower ppm organics (list), cyanide) Handling Method(s): recovery treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) disposal (specify): pond spreading injection well other (specity): If waste is held for disposal elsewhere Disposal Date:_ certify (or declare) under penalty of perjury that the foregoing is true and correct. ☐ toxic ☐ flammable ☐ corrosive explosive SIGNATURE OF AUTHORIZED AGENT AND TITLE (42 gal.) other_ The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. ☐ drums ☐ cartons ☐ bags other (SPECIFY) solid Physical State: Special Handling Instructions (if any): the waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable) FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING : I certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. that the foregoing is true and correct. D.O.T. Proper Shipping Name NT AND TITLE SIGNATURE OF AUTHORIZED A